CITY COUNCIL REPORT



Meeting Date: General Plan Element: July 1, 2015 *Land Use*

General Plan Goal:

Support a diversity of businesses.

ACTION

Bar Liquor License Request for The Casablanca Lounge 69-LL-2015. To consider forwarding a recommendation to the Arizona Department of Liquor Licenses and Control for a Person Transfer of a Series 6 (bar) State liquor license for an existing location and new owner.

OWNER

C King Riches LLC

APPLICANT CONTACT

Richard Cody King

LOCATION

7134 E Stetson Dr. #300

BACKGROUND

This request is for a Person Transfer of a Series 6 (bar) liquor license. This has been a licensed location since 2010, most recently operating with liquor as The Casablanca Lounge.

APPLICANT'S PROPOSAL

The applicant is seeking a favorable recommendation on a Person Transfer of a Series 6 (bar) liquor license. This allows a bar retailer to sell and serve spirituous liquors, primarily by individual portions, to be consumed on the premises and in the original container for consumption on or off the premises. The applicant has indicated that this establishment will serve liquor between the hours of 5:00 p.m. to 2:00 a.m.; however, due to State liquor license processing requirements, they are not required to notify the City or the State if they change their hours of operation.

Action '	Taken		

IMPACT ANALYSIS

Reliability and Location

A.R.S. Section 4.-203.A Granting a License for a New Owner for a Certain Location.

The capability, qualifications and reliability of the applicant has been shown.

Zoning.

This site is zoned Central Business District Downtown Overlay (C-2 DO), which allows bars as a conditional use. This second floor establishment is 5,925 sq. ft. including 3 existing patios which are a total of 2,016 sq. ft. Conditional Use Permits for a bar and live entertainment were approved for this location (case 40-UP-2010 and 41-UP-2010).

Public Safety

Police Department: Recommendation No Opposition

Major life safety issues: None noted.

Code Enforcement: There are no current cases of code violations at this time in relation to the liquor license. All necessary licenses and permits have been obtained.

Public Notice and Proximity

A.R.S. Section 4-201.B. Petitions from Persons in Close Proximity.

The applicant has maintained the required posting notice for the State mandated 20-day period. No petitions or protests were received during the 20 (twenty) day posting period.

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

The City Council has the option of recommending approval, disapproval or no recommendation to the Arizona Department of Liquor Licenses and Control.

Staff Recommendation

The City of Scottsdale staff has conducted a review and advises that the license request meets the criteria imposed for determining the capability, qualifications and reliability of the applicant.

Next Steps

The City Council's recommendation of approval, disapproval or no recommendation will be forwarded to the Department of Liquor Licenses and Control for their consideration. If the application is approved by the Department of Liquor Licenses and Control, the applicant should receive their license from the State within 105 days of original application.

RESPONSIBLE DEPARTMENT(S)

Teri Gleason, Planning Assistant,tgleason@scottsdaleaz.gov Planning and Development Services

James Wasson, Lieutenant, Special Assignment, jwasson@scottsdaleaz.gov Public Safety Division

City Council Report | 69-LL-2015

Raun Keagy, Neighborhood Planning Director, rkeagy@scottsdaleaz.gov Planning and Development Services

APPROVED BY

Tim Curtis, AICP, Current Planning Director 480-312-4210, tcurtis@scottsdaleaz.gov

Date Date

Randy Grant, Director

Planning and Development Services 480-312-2664, rgrant@scottsdaleaz.gov

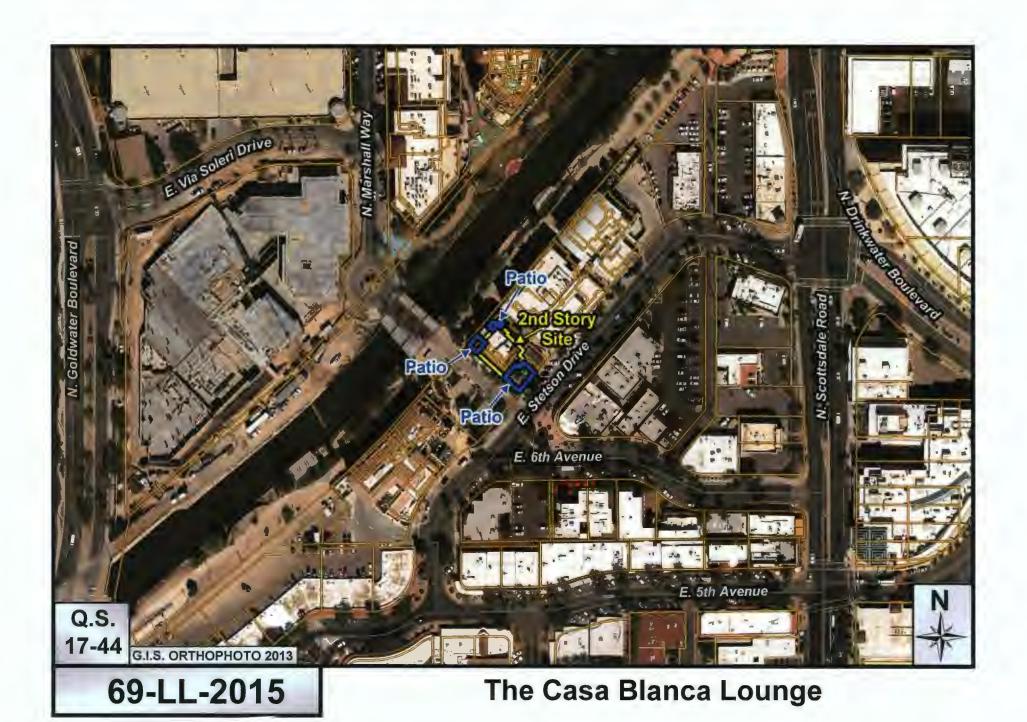
ATTACHMENTS

#1: Aerial Map

#2: Close-up Aerial Map

#3: City of Scottsdale Applicant Questionnaire

#4: State Application



ATTACHMENT #1





Liquor License Questionnaire

Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

Please complete all questions and return within 3 business days.						
Name of Business: The Casablanca Lounge (DBA) (C. King Ri	ches LLC				
Business Address: 7134 E. Stetson Dr. Scottsdale, AZ 85027						
Total Gross Square Footage of Establishment: 4,689						
Was liquor sold at this location prior to this application? ✓ Yes □ No If yes, what type of license? Class #6						
Is this business currently open?	✓ Yes	□ No				
If yes, is this business operating with an Yes No Interim license?						
If no, what is the proposed opening date?						
Is this business under construction or being remodeled?	☐ Yes	☑ No				
Does this business have an existing patio?	□ No	Dimensions of patio 2,016				
Does this business have a proposed patio?	₩ No	Dimensions of patio				
	-					
For Restaurants, Bars and Restaurants/Bars: Will the bar service area be in excess of 15% of the gross	floor area	? ☐ Yes* ☑ No				
Gross square footage of bar service area: (includes the floor area under indoor and outdoor bars and the floor area behind the bars used for storage, prep and serving of food or drinks)						
Will the kitchen be less than 15% of the gross floor area?		✓ Yes* □ No				
Gross square footage of kitchen: 600						
	tors or areas	used for storage of food or beverages)				
During what hours will the establishment provide full kitch	en service	? none currently				
During what hours will the establishment offer liquor sales? Wed-Thur. 5pm - 12am/Fri-Sat 5pm - 2am						
Will age verification be required/requested for admittance at any time ✓ Yes* □ No during business operations?						
Is a cover charge required for admittance at any time duri	ng busines	ss operations?				
Will less than 40% of gross revenues be derived from the sale of prepared food? ☑ Yes* ☐ No						
*May require a Conditional Use Permit						
Please check one of the following that best describes the primary business operation: packaged retail restaurant bar personal service describes the primary business operation:						
manufacturing hotel / tourist accommodation residential facility sports / theater						
Planning and Devel 7447 E. Indian School Road, Suite 105, Scottsdale, AZ						



Liquor License Questionnaire

Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

Please complete all questions and return within 3 business days. Will this business feature any of the following: Patron Dancing? ✓ Yes* □ No Karaoke? Live Bands? Yes* No DJ? Games? Amplified music? Yes* No NO Four or more pool tables? Adult Entertainment? Yes* No After hours? Yes* *May require a Conditional Use Permit **Applicant Narrative:** ARS 4-201-G: In all proceedings before the governing body of a city or town, the Board of Supervisors of a County or the Board, the applicant bears the burden of showing that the public convenience requires and that the best interest of the community will be substantially served by the issuance of this license. I have the capability, qualifications and reliability to hold a liquor license because: I have been prepairing to own and operate a bar for the past 15 years holding every position front and back of house at several of the best resorts in scottsdale. I have Managed Casablanca as the GM for the past 3.5 years. I have owned Leone Rosso Catering for 9 years. I'm a veteran Army Paratrooper. I am an Eagle Scout. I have the support of industry leaders such as Fred Unger. 2. The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because: The Casablanca Lounge provides a safe fun, unique experience for patrons looking for something different in Scottsdale our target demographic is age 30 - 50, well dressed affluent, live music loving crowd. We welcome all people but cater to those looking for a classy upscale experience hard to find at other nightclubs 3. Please describe your business: Hand Crafted Cocktails, Best Patio in Scottsdale, Live Music, 20's Atmosphere The City's forwarding of a recommendation to the AZ Department of Liquor Licenses and Control does not waive and is not a substitute for the Licensee's obligation to comply with all state, local and federal laws, policies and regulations applicable to the license. The Recommendation is not a permit or regulatory approval to hold any events or construct or demolish any improvements. Zoning processes, building permit processes, and similar regulatory requirements may apply to Licensee's contemplated Improvements and are completely separate from the Recommendation. Licensee shall be responsible to, separate and apart from this Recommendation, directly obtain all necessary permits and approvals from any and all governmental or other entities including the City's having standing or jurisdiction over the subject areas. For more information regarding zoning processes, building permit processes, and similar regulatory requirements and approvals please call 480-312-2611. Print Name: Richard Copy KING Signature: Date: 9-JUN-15 Submit Planning and Development Services

Arizona Department of Liquor Licenses and Control 800 West Washington, 5th Floor Phoenix, Arizona 85007 www.azliquor.gov 602-542-5141

APPLICATION FOR LIQUOR LICENSE TYPE OR PRINT WITH BLACK INK

69-11-2015

THE OR PRIVITED	
Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, o the business must attend a Department approved liquor law training course or provide the Liquor Licensing requirements.	
SECTION 1 This application is for a:	SECTION 2 Type of ownership:
MORE THAN ONE LICENSE	
☑ INTERIM PERMIT Complete Section 5	☐ J.T.W.R.O.S. Complete Section 6
NEW LICENSE Complete Sections 2, 3, 4, 13, 14, 15, 16	☐ INDIVIDUAL Complete Section 6
PERSON TRANSFER (Bars & Liquor Stores ONLY) Complete Sections 2, 3, 4, 11, 13, 15, 16	☐ PARTNERSHIP Complete Section 6 ☐ CORPORATION Complete Section 7
LOCATION TRANSFER (Bars and Liquor Stores ONLY)	☑ LIMITED LIABILITY CO. Complete Section 7
Complete Sections 2, 3, 4, 12, 13, 15, 16	☐ CLUB Complete Section 8
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE	☐ GOVERNMENT Complete Section 10
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)	☐ TRUST Complete Section 6
☐ GOVERNMENT Complete Sections 2, 3, 4, 10, 13, 15, 16	☐ OTHER (Explain)
SECTION 3 Type of license and fees LICENSE #(s): 0,607	0325
1. Type of License(s): SERIES 6 BAR	Department Use Only
2. Total fees attache	ed: \$ 23.5°°
APPLICATION FEE AND INTERIM PERMIT FEES (IF	APPLICABLE) ARE NOT REFUNDABLE.
The fees allowed under A.R.S. 44-6852 will be	charged for all dishonored checks.
SECTION 4 Applicant	P1073984
1 Owner/Agent's Name: Ms KING	ICHARD CODY
1. Owner/Agent's Name: Ms. 1) 100 (Insert one name ONLY to appear on license) Last	First Bridge
2. Corp./Partnership/L.L.C.: C KING RICH	121251-62
(Exactly as it appears on Articles of Inc. or Articles	
3. Business Name: THE CASABLAN CA	LOUNGE
3. Business Name: HE CASA 13 LAN CF (Exactly as it appears on the exterior of premises)	#300 MARICOPA
• •	
4. Principal Street Location 7134 E STETSON DR (Do not use PO Box Number)	City County Zip
5. Business Phone: 480-470-7888 Daytime Phone: 623-20	- 14 mg.
6. Is the business located within the incorporated limits of the above city of	
7. Mailing Address: 7134 E STET SOU DR STE 380 SCOTT	SONLET AZ 85251
City States 8. Price paid for license only bar, beer and wine, or liquor store: Type	te Zip \$ Type \$
DEPARTMENT USE O	NLY
1000	220 1200
Fees: /00 /00	00+13 035
Application Interim Permit Site Inspection	Finger Prints \$
	TOTAL OF ALL FEES
Is Arizona Statement of Citizenship & Alien Status, For State Bene	fits complete? YES NO
16/10	
Accepted by: Date: Date:	_Lic.#_06070325

*Disabled individuals requiring special accommodation, please call (602) 542-9027.

1/7/2013

SECTION 5 Interim Permit:

 If you intended 4-203.01. 	d to operate b	ousiness w	hen your ap	plication is	pending y	ou will need an	Interim Permit	t pursuant to A.R.S.
2. There MUST	be a valid lid	ense of the	e same type	you are ap	plying for	currently issue	d to the location	n.
 There MUST be a valid license of the same type you are applying for currently issued to the location. Enter the license number currently at the location. OGOT DJ 355 								
4. Is the license	currently in	use? 🗷 YE	S 🗆 NO	If no, I	now long	has it been out	of use?	
ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION. AMARIA MAN OR A (Print full name) MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location. State of County of County of Many of Month (Signature) My commission expires on: SECTION 6 Individual or Partnership Owners: EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LICO101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.								
1. Individual:								
Last	First		Middle	% Owne	d	Mailing Address		City State Zip
Partnership Nam	ne: (Only the	first partne	r listed will a	appear on li	cense)			
General-Limited	Last	First	Middle	% Owned		Mailing Address		City State Zip
)	Y R A S	SECENF
2. Is any person						es of the busine on(s). Use add		
Last	Fin		Middle	· Mailing A		J.11(5). 536 add	City, State, Zip	Telephone#
	· · · · · · · · · · · · · · · · · · ·			<u> </u>				
								

Т



DEPARTMENT OF LIQUOR LICENSES AND CONTROL ALCOHOLICBEVERAGE LICENSE

License 06070325

Issue Date: 11/10/2011

Bar

Issued To:

AMAR MAHENDRA PATEL, Agent MOKSHA ENTERPRISES LLC, Owner

Location:

CASA BLANCA LOUNGE 7134 E STETSON DR #300 SCOTTSDALE, AZ 85251 Mailing Address:

AMAR MAHENDRA PATEL MOKSHA ENTERPRISES LLC CASA BLANCA LOUNGE P O BOX 26181 PHOENIX, AZ 85068

Expiration Date: 1/31/2016



	orporation/Limited	-	ORM LICO101), AN	"APPLICANT" TYPE FINGERPRINT CARD, AND \$2	2 PROCESSING	
	ORATION Con	nplete questions 1,	2, 3, 5, 6, 7,	and 8.		
☑ L.L.C.	Complete 1, 2, 4,	5, 6, 7, and 8.	010	11.		
1. Name of Corpo	ration/L.L.C.:	ctly as it annears on Articl	les of Incorporation	on or Articles of Organization)		
2 Date Incorporat	•	•	•	orporated/Organized: ARIZIZO	DAJA	
•	Commission File N			Date authorized to do business in AZ		
•		<u> </u>		– authorized to do business in AZ: <u>26</u>		
	Non-profit? ☐ YES	_				
·	•	bers in Corporation/l	LLC:			
Last	First	Middle	Title	Mailing Address	City State Zip	
KING R	ICHARD	Cony	MANALEN	PHOENIX, AZ 850		
		:-			-	
		e Note II.				
		p. •				
	***************************************	(ATTACH ADI	DITIONAL SHEE	T IF NECESSARY)		
7. List stockholder	s who are controllir	ng persons or who o	wn 10% or m	ore:		
Last	First	Middle I	% Owned	Mailing Address C	ity State Zip	
KING P	210HARD	Cosy		0ENIX, AZ 85017		
	<u> </u>			<u> </u>		
		by another entity, at	tach a percer	T IF NECESSARY) Itage of ownership chart, and a director ed in order to disclose personal identit		
SECTION 8 CI	ub Applicants:					
EACH PERSON LISTED MI	• •	ED QUESTIONNAIRE (FORI	M LIC0101), AN "A	PPLICANT" TYPE FINGERPRINT CARD, AND \$22 P	PROCESSING FEE	
FOR EACH CARD. 1. Name of Club: _				Date Chartered:		
	Name of Club: Date Chartered:					
2. Is club non-profit? ☐ YES ☐ NO						
3. List officer and						
Last	First	Middle	I itle		ty-State Zip	

	ill Assignment or Divorce D	Decree of an existing Bar of	Liquor Store License:
Current Licensee's Name (Exactly as it appears on license)	Last	First	Middle
2. Assignee's Name:	Last	First	Middle
3. License Type:			of Last Renewal:
4. ATTACH TO THIS APPLICAT		E WILL, PROBATE DISTRIBUTIO	N INSTRUMENT, OR DIVORCE OTHIS APPLICATION.
SECTION 10 Governmen	nt: (for cities, towns, or coun	aties only)	
Governmental Entity:			
2. Person/designee:	Last	First Middle	Contact Phone Number
		ACH PREMISES FROM WHICH	SPIRITUOUS LIQUOR IS SERVED.
SECTION 11 Person to F	erson Transfer:		
Questions to be completed l	by CURRENT LICENSEE (Bai	rs and Liquor Stores ONLY-	Series 06,07, and 09).
Current Licensee's Name: (Exactly as it appears on license)	PATEL AMAR	MAHENORA rst Middle	Entity:
2. Corporation/L.L.C. Name:	(Exactly as it appears on license)	ENTERPRISES	LLC
3. Current Business Name: _	(Exactly as it appears on license)	CA LOUNG	n <u>E</u>
4. Physical Street Location of	Business: Street 7134	E. STETSON	DR. STE #300
	City, State, Zip SCOT	TSPALE, AZ	85251
	License Number	er. <u>0607032</u> 5	.
6. If more than one license to	be transfered: License Type:	N/A License	e Number
7. Current Mailing Address: (Other than business)	Street P.O. (City, State, Zip PACE)	30x 26181 ux, AZ 85	-068-6181
3. Have all creditors, lien hold	ers, interest holders, etc. been	notified of this transfer?	YES 🗆 NO
	o operate the business while the fee, and current license to the		YES ☐ NO If yes, complete Section
10. I, AMAR MAHEM (print full name)	JORA PATEL her	reby authorize the department	to process this application to transfer the
conditions, I certify that the	applicant now owns or will ow	vn the property rights of the lic	re met. Based on the fulfillment of thes ense by the date of issue.
STOCKHOLDER, or LICEN	NSEE of the stated license. I h		WNER, AGENT, MEMBER, PARTNER 1 and confirm that all statements are
true, correct, and cornplete		State of #12	MR County of MARCHR
(Signature of CU	RRENT LICENSEE)		rument was acknowledged before me th
My commission expires on:	7130f1d16	OFFICIAL SE AMY BOOEM NOTARY PUBLIC S OFFI MARICON TOUR My Comm. Loures July	Station Public)

 $\mathbf{1}^{C}$

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY) APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE 1. Current Business: Name _____ (Exactly as it appears on license) Address 2. New Business: Name (Physical Street Location) Address License Number: 3. License Type: _____ 4. If more than one license to be transferred: License Type: _____ License Number: _____ License Number: _____ 5. What date do you plan to move? _____ What date do you plan to open? _____ SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12): A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizonal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to: a) Restaurant license (§ 4-205.02) c) Government license (§ 4-205.03) b) Hotel/motel license (§ 4-205.01) d) Fenced playing area of a golf course (§ 4-207 (B)(5)) 1. Distance to nearest school: 6,336 ft. Name of school VILLA DEMARIE ACADAMY Address 6535 E 0530 RD #404 SCOTTSOALE, AZ City, State, Zip 85251 City, State, Zip 85251 2. Distance to nearest church: 6,336 ft. Name of church FIRST BAPTIST CHURCH Address 7025 E. OSBORNRD- SWTS DACET AZ ☐ Sublessee ☐ Owner ☐ Purchaser (of premises) **⊠** Lessee 3. I am the: 4. If the premises is leased give lessors: Name S134 LEASING LLC Address 7114 E STETSON DR. STE 400 SCOTTSDALE, A 2 City, State, Zip 85251 4a. Monthly rental/lease rate \$ 9,768.75 What is the remaining length of the lease 5 yrs. 1 mos. 4b. What is the penalty if the lease is not fulfilled? \$65,000 or other (give details - attach additional sheet if necessary) Please list lenders you owe money to. Amount Owed

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? COCKTAIL LOUNG WITH LIGHT FARE

SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year? □ YES শ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? YES NO
9. Is the premises currently licensed with a liquor license? ☐ YES ☐ NO If yes, give license number and licensee's name:
License # 06070325 (exactly as it appears on license) Name AMAR MAHENDRA PATEL
SECTION 14 Restaurant or hotel/motel license applicants:
 Is there an existing restaurant or hotel/motel liquor license at the proposed location?
and license #:and license #:
Last First Middle 2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
 All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.
applicant's signature
As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.
applicants initials
SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)
1. Check ALL boxes that apply to your business:
☑ Entrances/Exits ☑ Liquor storage areas Patio: ☑ Contiguous
☐ Service windows ☐ Drive-in windows ☐ Non Contiguous
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☒ NO If yes, what is your estimated opening date? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
month/day/year 3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.
As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows or increase or decrease to the square footage after submitting this initial drawing.

applicants initials

SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ?.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

	(ATTACHED)	

SECTION 16 Signature Block

(print full name of applicant)	hereby declare that I am the OWNER/AGENT filing this
	I. I have read this application and verify all statements to be
• •	. Thave read this application and verify all statements to be
true, correst unit complete.	
\mathbf{x}	
(signature of applicant disted in Section 4, Question 1)	
	State of ANTZONA County of MARICONA
	The foregoing instrument was acknowledged before me this
	2 of JUNE 20175
1 xur 2017	Bay Month Year
	FOCUS JEN DECLUSION OFFICIAL SEAL
Day Month Year	NOTARY PUBLIC - State of Arizona
true, correct and complete. X (signature of applicant listed in Section 4, Question 1) My commission expires on: Day Month Year	The foregoing instrument was acknowledged before me this 2 of JUNE 2017 Month Year

Liquon STORAGO
KITCHEN

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CXHIBIT B PATIO

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